

Revised: 11 April 2021 | Accepted: 12 April 2021

DOI: 10.1002/capr.12412

## ORIGINAL ARTICLE

WILEY

# Finding my voice: A qualitative exploration into the perceived impact of person-centred counsellor training upon counsellors who were adopted as a baby

Charlotte Hannah Parkes<sup>1</sup>  | Rita Mintz<sup>2</sup><sup>1</sup>University of Chester, Chester, UK<sup>2</sup>Department of Social and Political Science,  
University of Chester, Chester, UK**Correspondence**

Charlotte Hannah Parkes

Emails: 1327305@chester.ac.uk; c.hannah.parkes@gmail.com

**Abstract**

This small-scale qualitative study explored how qualified person-centred counsellors who were adopted as a baby perceived the impact of their person-centred counselling training. The study focused on the adoptees' experiences of adoption and how these influenced their experience of person-centred counselling training. Data were analysed using interpretative phenomenological analysis to gain insight into how the participants made sense of their lived experience. The findings supported the difficulties associated with adoption, which not only are present in existing literature and research but also placed an emphasis on the particular vulnerabilities associated with being adopted as a baby. The findings further highlighted the positive impact of person-centred counselling training on the participants' personal development, which included the following: increased self-awareness, self-acceptance, identity development and 'having a voice'. The findings confer implications for clinical practice in understanding the experience of adoptees who were adopted as a baby and for trainers in the planning and provision of person-centred training. The research also identifies the healing aspects of person-centred counselling training, which facilitated the participants' positive self-development. In addition, unique opportunities for counsellors who were also adopted as a baby are suggested and the need for the Adoption Support Fund to be extended to allow an adoptee of any age to access therapeutic support is also identified. The links made between adoption and person-centred training are an original area of research and are worthy of further exploration.

**KEYWORDS**

adoption/adoptees/adopted, baby/infancy, counselling/therapy, personal development/self-development, person-centred/person-centered, training/trainees

Contributing authors: Charlotte Hannah Parkes (1327305@chester.ac.uk; c.hannah.parkes@gmail.com), Rita Mintz (r.mintz@chester.ac.uk)

This research was conducted at the University of Chester for the Degree of Master of Arts in part fulfilment of the Modular Programme in Clinical Counselling.

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2021 The Authors. *Counselling and Psychotherapy Research* published by John Wiley & Sons Ltd on behalf of British Association for Counselling and Psychotherapy

## 1 | INTRODUCTION

Theory and research exists that examines attitudes towards adoption from the perspectives of birth parents, adoptive parents and social workers, and many studies document emotional and developmental difficulties associated with adoption (Tieman et al., 2005). There is limited research, however, into how adoptees actually think and feel about their adoptions (Hawkins et al., 2007). As maintained by Kowal and Schilling (1985), adult adoptees become invisible within society and little is known about their perspective on their own experience.

Consequently, an exhaustive search was completed to ensure the most relevant and up-to-date literature and research in the field of adoption are included. There is a dearth of literature on how a person's adoption experience may impact those who undertake counsellor training, either within the person-centred modality or within other therapeutic approaches. This investigation aims to bring together these two areas of discourse: adoption and person-centred counselling training, and it specifically addresses the question of how person-centred counselling training impacts trainees who were adopted as a baby.

Adoption is not 'new'; 'references to adoption may be found in the Bible and in the ancient codes, laws, and writings of Babylonians, Chinese, Egyptians, Hebrews and Hindus' (Sokoloff, 1993, p. 17). Historically, adoption has served to meet the needs of adults (Brodzinsky et al., 1998). The Adoption of Children Act (1926) 'legalised' adoption in Britain (1930 in Scotland). The wording of the present-day Adoption and Children Act has hardly changed. It states, 'an adopted person is to be treated in law as if born as the child of the adopters or adopter' (Adoption & Children Act, 2002, Section 67:1). Smith and Logan (2004) identify legislation as preserving the myth that adopted children have no other family than their adoptive family. The Law Commission of New Zealand describes this legislation as a 'repugnant and an unnecessary distortion of reality' (Law Commission of New Zealand, 2000, p. 43–44).

Cole and Donley (in Brodzinsky & Schechter, 1990, p. 273) recognise that 'because adoption is a social construction, it is value laden and shaped by cultural forces'. Verrier (2003) describes how adoption is often considered an altruistic act. However, research suggests that the needs of the child are not always the predominant consideration in adoption (Lowe et al., 1999). It is widely maintained that regardless of the motivating factors, 'adoption is a second choice for everyone' (Phillips, 2008, p. 2).

### 1.1 | The adoption experience and potential implications

The word 'adoption' encompasses both personal and legal commitments. Whilst the legal definition could be seen as straightforward, it is not the whole picture and does not acknowledge the complex nature of the personal and emotional issues associated with adopting a child (Hindle & Schulman, 2008). Meulen et al. (2019, p. 194)

describe the term adoption as embodying two different processes: 'relinquishment and a change of family'. The evaluation of these processes may be very different; therefore, distinguishing between them would be useful (Brown, 2000).

Research demonstrates that adoptees are frequently told stories which include 'untruths' to avoid the emotional pain of adoption (Lifton, 1994; Schooler, 1995). Secrecy and lies can compromise an adoptee's ability to trust themselves (Brodzinsky, 1990; Brodzinsky et al., 1998). Robertson (2001) also suggests that secrecy possesses a sense of deviancy, which has implications for the adoptee's ability to 'show who they are and find true acceptance' (Robertson, 2001, p. 76). Fahlberg (2012) states psychological health is difficult to attain as an adult without knowledge of your history.

Talking about 'adoption' and 'birth parents' can be uncomfortable for both the child and adoptive parents (Harrigan, 2010). Therefore, discussion is often limited, with children being left to privately try to make sense of what can feel like a very confusing and emotionally complex situation (Hodges, 1984). Due to the issues impacting open communication, the message received by the adoptee is one where conditional love is offered (Lifton, 1994). This leads to many adoptees creating a 'false self', often working hard to be compliant and maintain this 'good' false sense of themselves (Lifton, 1994; Verrier, 2012). For example, in Dennis' (2014, p. 14) interviews with adoptees, one participant stated: 'I would go to extreme lengths and measures contorting myself into any shape or form I could to make certain I was acceptable in everyone's eyes. Having no sense of self or where I belonged'. Historically, advice to adoptive parents has encouraged them to tell adoptees that they are 'chosen' and consequently 'special' (Raymond, 1955). In their qualitative research, Darnell et al. (2017) found many of the adults they interviewed identified as 'chosen'. For some, this came with a sense of pride at being adopted which helped to mitigate some of the 'stigmas'. However, the researchers also recognised a need to explore the 'adoptive identity' further and to pay more attention to the 'hidden-self' and 'tendencies within their environment to suppress the exploration of differences' (Darnell et al., 2017, p. 163). A study of 100 adult adoptees (Kowal & Schilling, 1985) found that 35.45% reported feeling chosen or special. Many also reported contradictory emotions, feeling both 'special' and 'worried and insecure'.

The idea of a blank-slate baby adds another dimension to common perceptions of adoptees. First postulated by Locke (1690) in *An Essay Concerning Human Understanding*, it is the belief that a baby comes into this world as an 'empty vessel'. This is a convenient assumption for many associated with adoption where no significance is given to biological factors. However, research shows that crucial development occurs prior to birth and that emotions felt during pregnancy and birth impact the baby (Verny & Kelly, 1982). There is a wealth of information and research into the prenatal experiences of babies (Chamberlain, 1988; Wolynn, 2017). Such research acknowledges that the unborn child is a 'feeling, remembering, aware being' (Lifton, 1994, p. 31), but in adoption, there is a reluctance to recognise this. A baby who does not consciously remember their adoption

is not less impacted by it; 'it happened before they had words to describe it (preverbal)' (Verrier, 2012, p. 9).

A related perspective by Hindle and Schulman (2008, p. 92) describes the traumatic impact of adoption on babies whose stress is 'less visible'. They maintain that 'unregulated stress' in babies can create brain function changes comparable 'to the impact of disastrous terror in an older child or adult'. The trauma of a baby is compounded by the lack of a 'pre-traumatic self' because they have yet to form a 'self' from whom they can draw strength (Lifton, 1994).

Attachment theory (Bowlby, 1982) sheds further light on the potential emotional and developmental difficulties associated with adoption. It sees birth and the first relationships a child forms as critical for their later life (Golding, 2008). All adoptees suffer the loss of their original primary attachment figures. This broken attachment is felt both physically and emotionally by the baby who has already experienced a deeply intimate 9-month relationship with their birth mother during pregnancy (Roszia & Maxon, 2019). Consequently, this separation in early childhood can be hazardous to an adoptee's health (Ngigi & Bosco, 2020) and, in addition to this, expectations are placed on them to seamlessly attach to their adoptive parents (Sorosky et al., 1984). Affected by their early losses, a significant number of adoptees struggle to establish secure attachments (Howe, 1998). Attachment issues derived through unresolved loss and trauma as infants can also lead to anger, fear of rejection and the tendency to dissociate in adults (Schofield & Beek, 2006).

Literature and research about adoptees consistently recognises the distinct and often intense struggles around identity formation (Caballero et al., 2012; Rushton et al., 2012). Qualitative research in this area has found adoptees can feel 'different' and 'more vulnerable' (O'Reilly et al., 2016, p. 72). Henze-Pendersen (2019, p. 148) also describes her participants as talking about 'feelings of otherness' due to physical differences. Additionally, research proposes that adopted children follow a different developmental path to children raised by their biological parents (Nickman, 1985a, Nickman, 1985b).

Identity issues can be exacerbated by the 'family romance' fantasy (Freud, 1909/1959), which relates to the psychological development of children and functions to resolve and accept disappointments with their actual parents (Freud, 1909/1959; Freud, 1942/1973). These fantasies are more problematic and difficult to resolve in adopted children. A mix of fact and fantasy is an attempt by the adoptee to understand themselves, but the lack of biological knowledge and open communication requires the adoptee to 'construct their own stories about their genetic roots, conception, prenatal life, and birth' (Rosenberg & Horner, 1991, p. 77). Fantasies can continue into adulthood if a resolution is not found (Treacher & Katz, 2000). This perspective resonates with the concept of 'genealogical bewilderment', a term first used by Wellisch (1952). A genealogically bewildered child is one who either has no knowledge of their natural parents or only uncertain knowledge of them. Genealogical bewilderment is still recognised today as a difficulty associated with adoption (Barn & Mansuri, 2019).

Adoptees can also struggle with self-acceptance as they internalise the possible reasons for their adoption (Lifton, 1994). Self-blame

can lead adoptees to feel they have a 'bad core' or are 'less than' others (Roszia & Maxon, 2019). Separation from one's birth mother can additionally impact on one's ability to form close relationships, and distancing techniques are often employed by adoptees to avoid intimacy for fear that if the 'true self' is known, rejection is likely to follow (Dennis, 2014).

Loss and grief are intrinsic to adoption and a vast topic within adoption literature and research. The struggle facing adoptees, specifically those who were adopted as a baby, is the lack of acknowledgement and understanding they have of their grief (Miller-Havens, 1996; Nickman, 1985b). Doka (2002) suggests this can become disenfranchised grief if the adoptee lacks support and acknowledgement to process their grief. Nickman (1985a, 1985b) states that adoptees have a need to mourn. However, for some adoptees, issues of loyalty may prevent them from discussing their feelings of loss (Rosenberg, 1992). This lack of communication is significant as Christ and Christ (2006) identified that openness and sharing information is important for the psychological health of bereaved children. Research by Morgan (2017, p. 302) found the risk of suicide was significantly higher for adoptees in comparison with biological teenagers and stemmed from 'unresolved anger and sadness from feelings of abandonment'.

Recent developments in the field have attempted to address issues within the adoption process to reduce the complications that come from a lack of biological knowledge and open communication. In 2015, the government introduced the Adoption Support Fund (ASF) to pay for essential therapeutic services for eligible adoptive and special guardianship order families up to 25 years old (Adoption Support Fund, 2019). Indeed, there are now specific therapeutic interventions, such as dyadic developmental psychotherapy (Hughes et al., 2019), which are attachment-focused and aim to heal relational and developmental trauma.

Life story work has also attempted to address the complications associated with adoption. Developed in the 1980s, life story work is now embedded in social work practice in England and Wales (Ryan & Walker, 2016). The practice seeks to 'help the child establish a sense of self and personal history' (Ryan & Walker, 2016, p. 1). Despite being a commonly used intervention, Willis and Holland (2009) identify that there is little research into the effectiveness of practice or the experiences of those who receive such interventions. There are also concerns that many social workers may not have the experience to complete this sensitive work with children (Baynes, 2008). However, the limited research in this area does seem to confirm the effectiveness of life story work. In their qualitative research with young people, Willis and Holland (2009, p. 51) found it to have 'met some of the emotional needs' of the young people they interviewed as well as 'bolstering self-esteem and a sense of identity'. Life story work is mostly used with looked-after children to understand their journey through the care system (Fahlberg, 2012); with adoption, it is typically employed to support an older child's preparation for adoption (Willis & Holland, 2009). There is little to no work, however, which can be completed with an infant who is placed for adoption. In very young children, life story work depends on the adoptive parent

to prompt and sustain conversations as the child grows (Habermas & Bluck, 2000) and the work is dependent on their dedication to the process (Jay, 2017).

MacDonald and McSherry (2011) describe that over the last 30 years, adoption has tried to move away from secrecy and towards openness. Brodzinsky (2006) defines openness in adoption as consisting of two parts: structural and communicative. The structural openness refers to contact between birth and adoptive families, whilst communicative openness encompasses discussions related to adoption. Research shows that open adoption has positive psychological benefits to adoptees (Robinson, 2017; Sykes, 2001). However, MacDonald and McSherry (2011 p. 5) state that there is 'no clear association between contact and outcomes for the child in terms of their social, emotional or behavioural development'. Identified as important in the success of open adoption are the adoptive parents (Luu et al., 2018). Neil (2003) explains that empathic, understanding adopters viewed contact positively and sustained arrangements. Once again, for those adopted as a baby, their experience of adoption is reliant on the attitudes of the adults in their lives. Argent (1987, p. 22) states 'perhaps the value of open adoption depends on a generosity of spirit which adoptive parents and birth parents may or may not possess'.

There are a wide range of developmental issues that can potentially impact the adopted person as a baby and as they progress throughout their life cycle. Existing research documents that adult adoptees have an increased risk of developing a mental health disorder and lower psychological well-being (Levy-Shiff, 2001; Morgan, 2017). Other studies, however, found no differences in mental health problems between adopted and non-adopted adults (Feigelman, 2001). Debates therefore continue to exist, and there is a need for further understanding of the impact of adoption, particularly from the perspective of adoptees themselves. Specifically, how person-centred counsellor training may tap into the specific vulnerabilities of adopted people is an uncharted area of investigation, and the current study aimed to shed light on how the trainees themselves perceive their experience in this area.

## 1.2 | Person-centred counselling and training

The person-centred approach is based on the work of Rogers (1951). The approach assumes a positive view of human nature, seeing individuals as 'social, creative and constructive' (Merry, 2014, p. 19). The organismic self and the self-concept are separate. People may lose contact with their organismic self depending on their environment and the messages they receive. In an adverse environment, the distance between the organismic self and self-concept may grow as the self-concept strives to please and be liked. In doing so, a person becomes incongruent and loses their sense of authenticity.

Person-centred counselling is more than skills and techniques (Mearns & Thorne, 2013). It is widely recognised as an 'approach...a psychological posture, a way of being' (Wood, 1996, p. 163). At the heart of person-centred practice is the therapeutic relationship

(Merry, 2014), and as postulated by Rogers (1957), it is within this relationship that 'the six necessary and sufficient conditions' provide the ingredients for therapeutic growth and personality change. Empathy, unconditional positive regard and congruence—which have become known as the 'core conditions'—are the attributes and qualities integrated in the counsellor that need to be communicated to the client and received by him or her. Indeed, outcome research widely indicates that positive outcomes are based on a strong therapeutic relationship (Horvath et al., 2011). Work by writers such as Mearns and Cooper (2005, 2018) has added the dynamic of 'relational depth', 'a state of profound contact and engagement between two people, in which each person is fully real with the other, and able to understand and value the other's experiences at a high level' (Mearns & Cooper, 2005, p. xii). It requires blending together high degrees of the core conditions and speaks of a depth of therapeutic intimacy.

To enhance the necessary 'way of being', personal development is at the heart of person-centred counselling training and entails daunting personal development objectives. Many courses utilise Mearns' (1997) 25 personal development aims as a basis for the personal development agenda. Such training entails an intense experience in which trainees are required to develop values, skills, attitudes and personal qualities which allow them to offer their client a 'quality of presence' in which they feel safe to explore their pain (Merry, 2014). Self-development opportunities take different forms during training. Residential workshops are usually a compulsory part of person-centred training and offer longer immersion in a topic and the possibility for self-reflection away from everyday life. Lectures are designed to broaden the trainees' understanding of issues pertinent to counselling, including diversity, grief and childhood adversity. In addition, wide-ranging personal development opportunities are offered in both small and large groups, and in most person-centred courses, personal therapy is either required or strongly recommended.

Whilst there is little argument regarding the importance and centrality of the personal development agenda within person-centred training, research on the student experience is still somewhat limited. The growing body of work in this area, however, consistently attests to the highly challenging, sometimes frightening and often stressful and painful nature of such training (Baxter, 2020; Harding Davies et al., 2004; Johns, 2012; McQuaid, 2014; Smith, 2020; Treull, 2001) and that it inevitably involves major shifts in identity, self-knowledge and self-confidence. 'A baptism of fire' (Folkes-Skinner et al., 2010, p. 91) sums up this experience, which is typically perceived as a 'potentially disturbing personal journey' involving 'deconstruction of the self in order for the new therapist self to emerge'. In line with Jung's (1951) seminal work on the therapist as the archetypical 'wounded healer', a number of studies (Folkes-Skinner, 2011; Norcross & Farber, 2005) suggest that numerous painful life experiences are often a motivation for embarking on counsellor training and have the potential to create 'existential touchstones' (Mearns & Cooper, 2018) for enabling deep empathic engagement with clients. Many writers (Johns, 2012; McLeod & McLeod, 2014; Pieterse et al., 2013)

maintain that part of a trainee's personal journey often leads back to early memories and significant early relationships. Particularly relevant may be the conditions of worth that have been instrumental in creating a limiting and distorted self-concept through conditional love and acceptance. Johns (2012) argues that we are all 'victims' in different degrees to such conditionality and often spend our lives seeking approval and fearing rejection. New awareness, particularly about one's childhoods, has been reported to be initially destabilising, and a wide range of feelings such as anger, guilt and fear have been reported (Baxter, 2020).

Whilst no studies have been identified that specifically focus on the experiences of adoptees on training courses, Baxter's (2020) qualitative research on trainee counsellors' experiences of personal change resulting from exploration of their childhood happened to include one participant who was adopted. All trainees in her investigation discovered painful early experiences of loss and adversity, and the adopted individual singled out adoption as being a crucial aspect of her developmental process. For the first time in her life, she developed deep insight into the wide-ranging impact of this experience. Particularly striking was her recognition of adversity in her parents' lack of acknowledgement or acceptance of who she was and how 'alone' and 'empty' she felt as a child. Low self-esteem, insecurity, people pleasing and rejecting others were perceived as stemming from childhood fears of being abandoned. She encountered numerous challenges in negotiating the personal development agenda, particularly in respect of congruence. Along with other participants in this study, however, the training experience was ultimately highly enlightening and resulted in significant positive personal change intertwined with professional development—more self-accepting, more integrated, more comfortable with themselves and more able to listen to their own internal voice.

Consistent with the experiences of participants in Baxter's (2020) study, more personal change than was ever anticipated has been frequently reported in both research (McQuaid, 2014) and anecdotal accounts, and trainees often acknowledge they were unprepared for the magnitude of these changes. Some studies (Collins, 2008) have also focused on how such deep changes have unexpectedly rippled out into relationships with partners, family and friends. Words such as 'transformational', 'life changing' and 'deeply reparative' (McQuaid, 2014) are frequently used to capture the profound impact of the training experience on the participants' sense of self. A particularly poignant narrative account (Harding Davies et al., 2004) of the unique journeys of ten trainees on humanistic courses shines a light on the intense struggles, paradoxes, losses and immense rewards encountered on this journey.

Whilst research on the trainee's experience is still relatively limited and the complexities involved in studying therapist development are acknowledged, there has been an increasing emphasis on studying how the various dimensions of counsellor training contribute to the personal development agenda and engagement with the core conditions. It is generally agreed that 'work on self' permeates all aspects of person-centred training, but the most studied component is the impact of the personal development group and

its wide-ranging challenges (Lennie, 2007; Moller, 2013; Robson & Robson, 2008). The discomfort, stress, confusion and anxiety often experienced by trainees in personal development groups are well documented (Johns, 2012; Treull, 2001), but the general consensus of the research supports the immense value that is typically derived from this unique interpersonal experience (Godward et al., 2020). The large group, although less well studied, has also been seen as a fertile ground for personal development (Mearns, 1997), despite the struggles often experienced in this arena. In all contexts of the training experience, the degree of safety in the learning group and the quality of relationships with tutors and peers are seen as critical for breaking down barriers to self-exploration and promoting an openness to self-discovery, risk-taking and experimentation (Harding Davies et al., 2004; Johns, 2012; McQuaid, 2014).

In relation to the adoptee, it is potentially at a point of incongruence that he or she embarks upon their person-centred training, training that requires attaining rigorous self-development expectations, which include the following:

- Understanding and awareness of self-concept and conditions of worth.
- Establishing a strong sense of personal identity.
- Obtaining a sufficient degree of self-acceptance.
- Awareness of personal fears, beliefs and prejudices.
- Awareness of blocks that inhibit the expression of the core conditions.
- An openness and responsibility for self.

Person-centred qualities and adoption issues seem to be at opposite ends of a spectrum. This research is interested in exploring the experience of adoptees who complete person-centred training. It aims to gain a sense of what it is like for adoptees who are trying to attain self-development goals, which are potentially in direct conflict with their learned ways of being.

## 2 | METHOD

### 2.1 | Design

This study utilised the qualitative methodology of interpretative phenomenological analysis (IPA), which is based on phenomenology, hermeneutics and idiography (Smith et al., 2009). This was an appropriate choice for this study as it is 'richly grounded in participants' experience yet maintains a critical interpretivist position that furthers interrogates meaning within particular social constructions that are relevant to the research' (Bright & Harrison, 2013, p. 87). It therefore allowed for an in-depth exploration of the lived experience of a small number of participants within the social constructs of adoption and person-centred theory. Within this context, it needs to be acknowledged that social constructionism challenges the person-centred concept of a 'true' organismic self, which assumes a 'real' authentic centre

(Gillon, 2007). The underpinning philosophy of the current study, however, accords with the view that all psychological knowledge, including person-centred theory, is socially constructed and embedded within historical, social and cultural frameworks (Gergen, 1999). This grounds the investigation with the social constructionist paradigm.

## 2.2 | Participants

Consistent with IPA, purposive sampling was used to select research participants. IPA typically uses a small number of participants, with three to six being considered an appropriate sample size (Smith et al., 2009). IPA also aims for a relatively homogeneous sample to reduce the impact of additional variables and allow for in-depth exploration of the experience under investigation (Dallos & Vetere, 2005). Accordingly, the following inclusion criteria were established:

- Adopted as a baby
- Qualified person-centred counsellor (to a minimum of diploma level)
- Self-define as 'sufficiently grounded' in their experience to be able to talk about it without experiencing undue distress
- Have access to personal therapy

Participants were recruited by advertising on the BACP research noticeboard and in Universities who offered person-centred counselling training at diploma level and above. Adverts were also sent to person-centred counsellors who specialised in working with adoption and advertised their services on the BACP or Counselling Directory websites. In addition, links were placed, with administrator permission, on adoption-related Facebook pages. The intention was to include four participants, but due to the time frame of the dissertation, three were recruited. They were all female and met the inclusion criteria.

## 2.3 | Data collection

Data were collected via semi-structured interviews of approximately one hour, with the aim of eliciting rich material (Pietkiewicz & Smith, 2014). The focus was on meanings rather than facts (Larkin & Thompson, 2012). Open questions were used, which followed a 'loose agenda' to allow participants to explore at length and depth the topic under investigation (Smith et al., 2009). An interview plan was devised prior to the interview to ensure a natural flow of conversation and the key areas were covered (Pietkiewicz & Smith, 2014). The interview focused on two main dimensions: the participants' experience of adoption when growing up and the perceived impact of person-centred counsellor training on their overall developmental process. After completing the interviews, the recordings were transcribed.

## 2.4 | Data analysis

Data were analysed using IPA principles and procedures. This involved an inductive approach, which followed a set of 'common processes' rather than adhering to a 'prescribed method' of analysis (Smith et al., 2009). Interviews were initially analysed on a case-by-case basis and entailed reading and re-reading each transcript to allow immersion in the material and to capture initial impressions. This was followed by a lengthy systematic process of noting descriptive, conceptual and linguistic text. Emergent themes were derived through turning notes into concise reflective statements of meanings, and then, connections were sought across these themes. This was a complex, creative and rigorous process of clustering and linking common meanings across themes. A table of themes was produced, and this process was repeated for each of the interviews. Common themes were then identified across the whole data set. The analysis involved a 'double hermeneutic' (Smith & Osborn, 2008) where the researcher is trying to make sense of the participant who is trying to make sense of their experience. At all times, it was important to be true to the participants' phenomenology whilst simultaneously engaging in an interpretative process.

## 2.5 | Ethical considerations

Ethical practice was active and ongoing throughout the investigation. The research was planned in accordance with the University of Chester Research Governance Handbook (2014) and the BACP's Ethical Guidelines for Research in the Counselling Professions (Mitchels, 2018). Prior to the commencement of the study, ethical approval was gained from the Departmental Research Ethics Committee. There was transparency regarding the research process and time commitments involved, as well as a clear indication of possible risks and benefits.

Potential participants were provided with a detailed information sheet, which included the interview questions and information about the research. Consent was reviewed prior to the interview, and transcripts were sent to participants following the interview to check and ensure continued consent. Participants were aware of the time frame for withdrawal from the study. Anonymity was addressed by the participants' choice of a pseudonym, data being held securely, and names/places and any identifying material being omitted from the transcript. The welfare of participants was a priority; the inclusion questionnaire asked participants to self-define as being 'sufficiently grounded' in their experience to be able to talk about it without this causing undue distress. As adoption can be a sensitive area, providing the questions prior to interview helped prepare the participants. They were also required to have regular clinical supervision and access to personal therapy. This helped to ensure their welfare, minimised potential distress and gave them clear pathways for appropriate support. Although the focus was a sensitive topic, it was recognised that there were also potential benefits to the participant (Carmichael, 2013), including



catharsis, self-acknowledgement, a sense of purpose, increased self-awareness and empowerment. Researcher self-care was another important consideration, as researchers are at risk of harm when exposed to 'stories of trauma and suffering' (McLeod, 2011, p. 66). Accordingly, various measures were put in place to mitigate risks.

## 2.6 | Reflexive statement

The research was inspired by the researcher's own experience of self-development whilst undertaking person-centred counselling training. Being adopted as a baby was a personal issue predominantly unexamined prior to commencing the course. The person-centred training facilitated self-awareness, which promoted the exploration of feelings/experiences associated with the researcher's adoption. A particular set of vulnerabilities were noticed, which were also prominent in adoption research and literature. Interestingly, the areas struggled with were the same areas that are important to develop and enhance whilst training to become a person-centred counsellor. Although painful, the 'process' was ultimately profoundly meaningful and encouraged research into the experiences of other trainees also adopted as a baby. Whilst it could be argued that the researcher's adoption and experience creates biases, the researcher's subjective interpretations can also be seen as 'strengths or even preconditions of the research' (Flick, 2010, p. 207).

## 3 | FINDINGS

The participants selected their own pseudonyms. Interestingly, these were also the names they were given at birth. During the analysis, data were separated into two categories: 'adoption difficulties' and the 'impact of person-centred training'. Under these broad headings, eight superordinate themes and twenty-seven subordinate themes were identified.

### 3.1 | Adoption difficulties

#### 3.1.1 | The relinquished baby

The struggle with being adopted as a baby was significant to all participants and encompassed something important about the participants' lack of memory at the time of their adoption and their process of reflection. The participants made poignant references to themselves as a baby: imagining their experience, the vulnerability and loneliness. Being adopted as a baby also contributed to the participants' feelings of powerlessness and an initial lack of awareness of their adoption difficulties.

All participants described noticing painful feelings within them when they were very young. This seemed to be a sensory/emotional

**TABLE 1** Research findings: adoption difficulties—superordinate and subordinate themes

<b>Superordinate Theme:</b>	<b>The Relinquished Baby</b>
Subordinate Themes:	Preverbal Pain
	A Blank Slate
	The Dismissed Baby
	Survival!
<b>Superordinate Theme:</b>	<b>Out of touch with 'Self'</b>
Subordinate Themes:	People Pleasing
	Fear of Rejection
	Who am I?
	Being 'Special'
	Feeling 'Different'
<b>Superordinate Theme:</b>	<b>A Struggle to Attach</b>
Subordinate Themes:	Self-Rejection
	Fearing Intimacy
<b>Superordinate Theme:</b>	<b>Loss of 'Self'</b>
Subordinate Themes:	Adoption Fantasies
	Grieving Loss
	Screaming Inside

experience of 'rejection'/'abandonment', which was present before words, a kind of preverbal pain. Ruth suggested she 'wasn't able to verbalise it, it was there, it just wasn't named'. Similarly, Alison noted the 'visceral sort of experience of that rejection', and Charlotte captured her internal bodily awareness:

The pain is a kind of knowing rather than a cognition. It is like a felt sense...like I say, to say that I wasn't aware of my adoption issues I think that's why, it was preverbal, precognition really, it was just that felt sense. I knew on a very deep level that I had been abandoned.

All participants recognised difficulties with being unable to explore their life prior to adoption. These were mostly 'unsaid' messages received from their adoptive parents. However, the lack of open communication also left the participants feeling as if these conversations were 'forbidden' and 'wrong'. There was the idea that their life 'began' when they were adopted, that they arrived as a 'blank slate' and that their biological heritage was unimportant. All the participants felt their adoptive parents controlled the narrative around their adoption:

Actually, I did come from somebody's tummy but we don't talk about it.

(Ruth)

Feelings of being disregarded and dismissed as a baby were also prevalent. The participants felt their vulnerability was not recognised and there was a lack of empathy towards their experience *because* they

were a baby. The participants all expressed the belief that as a baby, they *did* have an awareness of their adoption. They felt their grief was not considered and went unacknowledged throughout their life:

I was told that I cried a lot as a baby, I must've been very sad.

(Alison)

'Survival' was a powerful word regularly used by all the participants to communicate their experience of coping with adoption. It conveyed a desperation and a need for endurance, as poignantly stated by Alison:

I think you know you are a survivor as an adopted person, and I think you've been taken into a different world that's not your natural world.

Words such as 'alien' and 'weird' were used to describe their experience of not belonging and growing up in an environment which was perceived as 'strange' and 'unsafe'. This was despite all the participants describing their adoptive parents as 'good enough' and meeting their basic needs.

### 3.1.2 | Out of touch with 'Self'

The participants perceived that as a result of adoption, they would become out of touch with 'self'. The theme included the participants' experiences of prioritising the needs of others and consequently losing contact with their own needs and sense of 'self'/identity. There was a sense of not being grounded in themselves and therefore relying on others and trying to fit in with them, seeing themselves as 'wrong' and others as 'right'. There was an implicit meaning in these themes that adoption must be hidden and a necessity to be as similar to their adoptive family as possible. There were also echoes here of the 'desperate baby' in survival mode, which has continued to play a role in their lives.

'People pleasing' was a common subordinate theme across all the interviews. It was represented as a need and not a choice and seemed to arise from a fear of abandonment:

I think I always needed to sort of subconsciously to please everybody to make sure that I was going to be kept in that family.

(Alison)

All the participants experienced feelings of shame associated with their adoption and a deeper sense that they were rejected for a reason. This impacted on the participants' feelings of self-worth, and they developed defence mechanisms to protect themselves. The idea of rejecting others before they could be rejected was described. For one participant, this response was a reaction to criticism, and for another, it was a distancing technique:

As somebody who's been rejected, you then become the rejector and so I tend to do that with people still, and with things and ideas.

(Ruth)

The word 'special' was highly emotive. All the participants had experienced the word used in association with their adoption. Two participants felt the word was used to 'overcompensate' for the adversity of adoption, but given their desire to 'blend in', they felt it had the reverse effect. However, the other participant was unable to 'hide' due to her physical appearance and really embraced the role:

I would play up to being the special one, the chosen one, God chose me.

(Ruth)

All the participants described feeling 'different'. This was expressed as a felt 'wrongness', which also included a fear of 'being seen' that had the potential to lead to further rejection:

I remembered just feeling weird.

(Alison)

Consequently, the participants spoke about 'hiding' and 'pretending' in an attempt to not be 'found out'. For Ruth, the feeling of 'difference' was even more prominent and exacerbated by her physical appearance that did not allow her to 'hide':

Physically, it's always there, it's like my body is saying, do you know what, you can try and forget it all you like!

(Ruth)

### 3.1.3 | A struggle to attach

This superordinate theme was identified through shared meanings and common related words, specifically relationships, connection and closeness. It encompassed the participants' struggles with both acceptance and intimacy. This theme highlighted the developmental implications of adoption upon their 'self-concept' and 'identity formation'.

Intimacy is considered a positive relational quality. However, for the participants, formative experiences of intimacy preceded such poignant experiences of loss and rejection, due to separation from their birth mother at birth, that intimacy itself seemed to have become a precursor for abandonment and triggered a fear response. They all acknowledged a difficulty with establishing close relationships:

I would still say that I struggle with intimacy.

(Charlotte)



A lack of self-acceptance also seemed to impact the participants' ability to feel accepted by others. The struggle with self-acceptance was perceived as being related to the participants' early experiences as a baby, whose felt rejection led them to question their self-worth.

### 3.1.4 | Loss of 'Self'

Poignant experiences of loss and grief connected to adoption were recounted by the participants. There was the sense that parts of them were lost forever, their 'ghost selves', a self they had lost the potential to become. This 'loss of self' was compounded by a lack of recognition of the loss, which they felt was perpetuated by societal views of adoption and an absence of open communication within their family. All the participants shared narratives in their childhood where they were encouraged to have feelings of 'gratefulness' and 'luck' towards their adoption. This positive view of adoption seemed to have shut down the participants' ability to explore, identify and share their personal feelings related to it, especially those that opposed these views.

All the participants spoke about 'adoption fantasies', which seemed to have developed as a response to a lack of information regarding their heritage. They also seemed to be a form of escapism and a means of minimising and managing difficult feelings. Thinking 'what if' was prominent, and descriptions of being a 'dreamer', a 'romanticist' and a 'fantasist' captured such sentiments.

For the participants, possessing 'a voice' meant the ability to say how you feel and be heard: an honest expression of self, showing internal experiencing externally. Ruth made powerful reference to this lack of a voice, 'a screaming inside' expressed as an internal scream. Similarly, Alison reflected:

That real me was screaming, yes, I was screaming to get out really and silent, a silent kind of scream.

## 3.2 | Impact of person-centred training

After establishing a sense of the 'adoption difficulties' encountered by the participants, the data analysis then focused on the participants' experiences of person-centred counselling training and its perceived impact (Table 2).

### 3.3 | A person-centred ethos

Training to become a person-centred counsellor is more demanding than learning skills and techniques. It requires achieving enhanced self-development and self-awareness objectives, which are facilitated by a range of teaching and learning experiences. A person-centred ethos is where trainees learn about the

**TABLE 2** Research findings: impact of person-centred training—superordinate and subordinate themes

<b>Superordinate Theme:</b>	<b>A Person-Centred Ethos</b>
Subordinate Themes:	The Realisation
	Theory in Practice
<b>Superordinate Theme :</b>	<b>Way of Being</b>
Subordinate Themes	Developing Congruence
	Becoming Authentic
	An Emerging Voice
	Compassionate Self
<b>Superordinate Theme :</b>	<b>Changing and Growing</b>
Subordinate Themes	'The Group'
	Tutors as Parents
	Literature Validates Me!
	Understanding Theories is Understanding Me!
<b>Superordinate Theme :</b>	<b>A True Connection</b>
Subordinate Themes	A Journey Towards Acceptance
	Freedom!
	Power of Training

person-centred approach through immersion in the same attitudes and qualities that they are later expected to be able to sufficiently offer to clients.

During their training, all participants gained self-awareness and discerned new learnings in relation to their adoption. There was a strong acknowledgement of how the course made them realise that there was a whole other issue they had not looked at previously or even considered. Given the unconscious/automatic behaviours the participants have already identified, they all experienced powerful moments of realisation:

You go through these like POW Moments where everything is like WOW!

(Ruth)

This theme was elucidated further through reviewing the use of the word 'realise'. The word was regularly used by *all* the participants during their interviews and was predominantly associated with the development of their self-awareness during training.

The participants identified key aspects of person-centred theory and practice which resonated strongly with them, namely empowerment, equality, working with the 'whole' person and listening to 'self'. They shared how person-centred theory helped them to understand themselves better and how their difficulties may have developed. In Alison's case, she sensed there were parts of herself 'fighting to come out', but her 'self-concept' and 'having to please others' acted as a barrier to make contact with her 'organismic self'. For her and the other participants, the course was clearly a catalyst to engage deeply with the barriers they experienced.

3.4 | Way of being

Experiencing and offering the core conditions were identified as being highly significant in relation to the participants' 'adoption difficulties'. This was particularly true in respect of congruence, and Alison suggested there was a 'deep awareness' of how incongruent she had to be growing up. All participants recognised that they grew up without a voice, unable to say how they truly felt and be heard. This difficulty was counteracted by the course, however, and they all felt their authenticity developed during their training. Charlotte, for example, acknowledged how 'alien' the experience of congruence was for her and how she subsequently developed her own voice:

Because I hadn't been congruent, I hadn't been authentic, yeah it was almost like, well I don't know what that is and, I suppose it was the course for me was a process of learning to be me and, learning to be authentic and, learning to have my voice.

Unconditional positive regard was also a mostly new experience for the participants and brought up painful memories of growing up in a conditional environment. Two of the participants felt this experience positively contributed to their ability to 'not judge' and be 'compassionate' towards others. However, the other participant felt her formative experiences had made it harder to trust. None of the participants expressed a difficulty with *offering* empathy and spoke about being able to recognise and appreciate pain in others. However, they all voiced a difficulty in *accepting* empathy and identified the tendency to 'minimise' their experience so as to 'not take up time' and continuing 'childhood patterns' of 'repressing difficult emotions'. The participants spoke about the course 'challenging' them to focus on and accept their pain, which they were then able to draw upon to facilitate the development of others.

3.5 | Changing and growing

Person-centred training utilises a range of exercises and experiences to promote learning and development, and all the participants identified key areas that impacted them. The importance of 'the group'

in their training was a common theme, and the experience of sharing in a group was a powerful one. For Charlotte, sharing in the larger group consolidated her development:

To actually be heard and held in that space, I mean it was huge, I could've said it 1-1 to a therapist, I could probably have said it in a triad but to say it even in a small group like PD was big, to then take it to, to the whole year group, was, for me, that was like I've got a voice now!

All participants spoke about their relationships with the course tutors. They noticed parallels between their tutors and parental figures, and these were both positive and negative. For two participants, the tutors reminded them of their adoptive parents, and they recounted experiences where they felt 'silenced' and 'dismissed'. The other participant described her tutor as 'motherly' and 'warm'; she identified that she projected her 'fantasy of the perfect mother' onto her and developed an 'unhealthy connection'. She also identified feeling 'alone and abandoned' when the tutor changed jobs and left the course.

For all participants, training was their first experience of reading any literature or research related to adoption. This was highly validating, as poignantly described by Charlotte:

I think the first thing I started reading was The Primal Wound and, I think within the first page, I felt like I'd been slapped around the face with a wet fish! Um it was just like, oh my God that's me on a plate! I didn't even realise that was an issue!

Person-centred training involves lectures and modules on topics relevant to counselling. All participants felt the training increased their knowledge in areas significant to their adoption. Learning related to attachment theory and the impact of trauma were identified as particularly helpful.

3.6 | A true connection

This superordinate theme encompassed the participants' self-development and growth during their training. It highlighted a

Adoption difficulties		Person-centred requirements
No permission to explore 'self'	➡	Need for self-development
Intimacy and attachment issues	➡	Need to work at relational depth
Fear of rejection	➡	Need for self-acceptance
Lack of awareness	➡	Need to be self-aware
Not having a voice	➡	Developing a voice
Identity confusion	➡	Need for authenticity
Incongruence	➡	Congruence

TABLE 3 A summary of tensions between 'adoption difficulties' and the essential requirements of person-centred counsellor training

movement away from the self-concept formed in childhood towards a more congruent way of being. All participants expressed a powerful movement towards self-acceptance during their training. They also described a feeling of freedom, which appeared to be associated with an ability to explore and connect to themselves for the first time. Each of the participants found their person-centred training invaluable and gained a deeper understanding of themselves in relation to their adoption. They all questioned whether this development would have occurred without their person-centred training. The power and impact of their experience on the course was elucidated by Alison:

It probably saved my life, and I don't mean to sound dramatic, but I think, I think it really has.

The findings of this study bring into sharp focus the tensions between the adoption difficulties experienced by the participants and the essential components of person-centred counsellor training. These tensions are summarised in Table 3.

## 4 | DISCUSSION

The findings support existing research into adoption and the potential difficulties that can develop. They also extend this understanding further through the added exploration of the impact of person-centred counselling training upon adoptees.

As highlighted in Table 3, specific tensions were experienced by the participants between opposing 'ways of being', for example, the incongruent adoptee and the congruent therapist. The distance between the two was vast, and the rich data offered by the participants provided a powerful insight into their experience of adversity and journey towards healing.

A lack of open communication regarding their adoption impacted the participants' ability to talk about it and led to powerful assumptions regarding survival and self-worth. The participants recognised a lack of acknowledgement of their adoption as contributing to the difficulties they experienced, and this was compounded by their adoption happening when they were an infant. They also described a lack of permission to grieve the losses associated with their adoption as significant. These included the loss of a potential 'self' and relationships. This lack of acknowledgement of their history concurs with what has been highlighted in the literature regarding the secrecy that often surrounds adoption (Brodzinsky et al., 1998) and the numerous obstacles involved in openly discussing it (Harrigan, 2010). This also resonates with the general consensus among researchers and clinicians that loss is at the heart of adoption (Schachter & Schachter, 2011)—for the relinquishing parents, the adoptive parents and the adopted child. Within this context, there is a growing recognition that adoption is among the many non-death losses that are disenfranchised (Doka, 2002) and not recognised as a 'legitimate' loss that often necessitates grieving. Whilst the concept of disenfranchisement rarely appears in counsellor training literature, it

offers a powerful conceptual framework to help elucidate the many barriers that participants may experience at the commencement of their training.

These difficulties were counteracted, to a considerable degree, by their person-centred training, which offered opportunities for the participants to learn about theories of human development, adversity, loss and grief and facilitated exploration of different facets of their development. For the first time, there was 'permission' to explore their adoption experiences. Emanating from this 'permission', the participants expressed profound experiences of pain and sadness associated with their adoption. Through self-compassion for their 'baby-self' and reflection, they were able to acknowledge and assimilate their experience, and this was a highly significant step in their self-development journey. This is consistent with the experience of the participant in Baxter's (2020) study who was an adoptee, and, on a more general level, also concurs with literature (Harding Davies et al., 2004; Johns, 2012) that attests to how counselling training, particularly in the humanistic and psychodynamic modalities, almost inevitably opens doors for engaging with previously silenced aspects of early and later life experience.

The participants also acknowledged struggles with intimacy and difficulties forming close relationships. These difficulties are also evidenced in the extant literature (Dennis, 2014). However, person-centred counsellors require the ability to develop a trusting therapeutic relationship and work at relational depth (Mearns, 1997; Mearns & Cooper, 2018). This presents a challenge to adoptees who avoid close relationships. Their person-centred training facilitated development in this area, by inviting the participants to share their experience and promoting a safe climate to enable this. Within an accepting environment, the blocks to intimacy were largely removed and fear was diminished. This accords with literature (Robson & Robson; Lennie, 2007) that attests to the struggles with safety and intimacy commonly encountered on training courses and how trainees have gradually been able to move towards developing greater trust in themselves and others and to share their vulnerability—all precursors to developing their potential to work at relational depth. The risk-taking, experimentation and courage required to develop greater emotional intimacy are clearly documented (Baxter, 2020; Harding Davies et al., 2004; Robson & Robson, 2008), and this has been examined within the context of the ethos of the course and the degree to which a facilitative and safe climate is created (McQuaid, 2014).

Research acknowledges that adoptees can experience deep-seated shame and a lack of self-acceptance that has its origins in a fear of rejection (Lifton, 1994; Roszia & Maxon, 2019). This was also the experience of the participants in the current investigation. However, self-acceptance is a crucial quality for a person-centred counsellor to possess. Mearns and Thorne (2013, p. 37) identify self-acceptance as 'the cornerstone' for therapeutic practice: 'it is impossible to offer a client acceptance, empathy and genuineness at the deepest level if such responses are withheld from self'. The participants' self-acceptance developed during their training and seemed to have been impacted by experiencing compassion for

others, hearing their pain and struggles. The development of greater self-acceptance, along with the myriad of challenges this entails, has consistently been reported as a major outcome of person-centred training as evidenced in studies by Baxter (2020) and Robson and Robson (2008) and in the powerful narrative accounts offered by Harding Davies et al. (2004).

As suggested previously, the participants acknowledged a lack of awareness regarding their 'adoption difficulties' prior to embarking on their training. They had a deep sense of pain within them but were unaware of its roots. Robertson (2001) explains that to be unaware of an experience is not the same as being unaffected. Increased self-awareness during person-centred training is not accidental. Tolan (2012) describes this as the first task of person-centred counselling training. Awareness of self is crucial to ensure a counsellor's issues do not impede the client's process (Pieterse et al., 2013), and this has resonance with the concept of the wounded healer (Jung, 1951). Increased self-awareness can be healing and may help individuals to recognise the emotions for which they need help in soothing or regulating (Stevens, 2017). Defined as becoming fully aware, 'realisation' was a key theme identified by the participants and was frequently highlighted during the interviews.

Many course experiences contributed to the wealth of such impactful realisations, including specific adoption literature, which was identified by the participants as being important in developing an awareness of their 'adoption difficulties'. They were unaware of any literature prior to their training and found reading it both validating and reassuring. Interestingly, the first book read by all participants was the same: *The Primal Wound* by Nancy Verrier. This book may have also influenced their descriptions and provided a conceptual framework for understanding their adoption: 'wound' (Alison); 'adoption scar' (Charlotte). In a broad sense, this increased awareness mirrors other counsellor training studies (Baxter, 2020; Smith, 2020), which attest to the growth in self-awareness and understanding that is likely to partly result from engaging with struggles about the impact of past adversity. Similar to the experience of the participants in the current investigation, the magnitude of such realisations has been reported as being profound and unexpected (Folkes-Skinner, 2011), but the potential impact of relevant literature is an understudied area.

All the participants expressed difficulties with self-expression and feeling heard when they were growing up. They referred to this as *not having a voice* and related it to their adoption. It seemed to have developed from a lack of open communication and a fear of rejection, both evident in the existing literature (Dennis, 2014; Schofield & Beek, 2006; Verrier, 2012). The participants felt this difficulty was compounded by being adopted as a baby and their emotional needs not being fully acknowledged.

The participants identified their training as significant in supporting them to develop 'a voice'. They noted how it encouraged them to listen to and nurture their internal voice within a safe, accepting environment. Additionally, the participants felt large group working was particularly beneficial for this area of development where their bravery and progress was realised. This concurs with Mearns (1997) who also identified large group working as a highly

useful environment for experimentation with the developing 'self'. Extant research, however (Lennie, 2007; Robson & Robson, 2008; Smith, 2020), has tended to focus more on how the small group experience (variously defined as a personal development group, process group or encounter group) has been the most instrumental medium for facilitating risk-taking, experimentation and gradually dissolving conditions of worth that have prevented self-expression.

Closely aligned with finding their own voice was developing a more authentic sense of their own identity. Identity formation is a well-documented struggle for adoptees. Research has found a relationship between authenticity and identity (Stevens, 2017). Consequently, authenticity can be defined as an expression of one's true self (Kernis & Goldman, 2006). Becoming authentic and developing an identity requires self-exploration (Erikson, 1968). Person-centred training offers 'a healthy climate of non-judgemental exploration' (Mearns, 1997, p. 125). This is consistently reported in research studies (Baxter, 2020; McQuaid, 2014; Robson & Robson, 2008), as are the potentially damaging consequences when there is a breakdown in the learning climate (Treull, 2001). Stevens (2017) recognises that authenticity can develop through an individual's courage to be vulnerable or a close accepting relationship, both of which are fostered whilst training. Wohl et al. (2002) also found correlations between a strong sense of identity and increased self-responsibility. This was another area of self-improvement identified by the participants.

The literature review outlined how incongruence develops and the ways in which adoptees learn to be incongruent through their experience of adoption. All the participants acknowledged a level of incongruence when their training commenced and described it as a challenging area for them to develop. Congruence was achieved through learning to listen to themselves, sharing in the group, experiencing acceptance and feeling heard.

Given the perceived lack of permission to explore their adoption and a struggle with open communication, the participants began their training in an unfavourable position. However, person-centred training predicates the need for self-exploration; indeed, regular attendance and a willingness to participate are compulsory elements of the course. These obligations may actually make it easier for an adoptee, whose predisposition is to 'please', to initially engage with their training.

The participants' experiences are validated by the existing literature and research. They grew up without a voice, not able to openly communicate and without permission to explore themselves fully. Their experience of person-centred training was a transformative and valuable one, and this clearly echoes the depth of transformation and the numerous challenges involved that are consistently reported in research studies and anecdotal accounts of trainees (Baxter, 2020; Harding Davies et al., 2004; Folkes-Skinner et al. 2010; Folkes-Skinner, 2011; Johns, 2012; Smith, 2020). It encouraged personal development and self-discovery accompanied by a sense of freedom realised once the 'shackles' of the self-concept were discerned and broken. 'The adoptee who fully accepts his or her existential freedom to choose is able to engage his or her will and

thus choose to act upon his or her decision without guilt or regret' (Krueger & Hanna, 1997, p. 199).

Recent developments in the field seek to mitigate the complications associated with adoption brought about by a lack of open communication and knowledge of one's heritage (Lifton, 1994; Morgan, 2017; Verrier, 2012). However, the participants in this research did not benefit from these developments. This was not only due to the age of the participants but also because, as they were adopted as babies, the onus was on their adoptive parents to facilitate and promote open conversations (Argent, 1987; Habermas & Bluck, 2000; Jay, 2017). The fact that, for the participants in this research, open conversations about their adoption did not happen highlights the unique struggles faced by those adopted as babies. They are, to a much greater extent than older children, significantly more vulnerable and dependant on their adoptive parents to promote open conversations, and the adoptive parents' willingness to do so is subjective. Consequently, the difficulties the participants all experienced highlight the pervasive impact adoption complications can have, and continue to have, upon the lives of adoptees. However, the participants identified the healing nature of their training, which is in line with previous findings and theoretical material (Baxter, 2020; Folkes-Skinner et al., 2010; Johns, 2012; Jung, 1951; McLeod & McLeod, 2014; Pieterse et al., 2013). Their sheer lack of previous awareness and descriptions of their training as 'life-saving' seem to offer new learnings as to their process and the vital need for *all* adoptees to have the opportunity to explore and understand themselves and their history better.

## 5 | CONCLUSION

This study explored the lived experiences of adult adoptees, a field where research is lacking (Verrier, 2012). Links were found between an adoptee's way of being and their experiences of self-development during their training. It was an ultimately positive experience, which included the following: the development of self-awareness, a movement towards self-acceptance and the fostering of a true sense of 'self'. The participants' self-development was necessitated by the personal development requirements of person-centred training and was nurtured within a safe environment where growth and exploration were encouraged.

This research confers implications for practice, especially in relation to understanding adoptees and the healing aspects of the person-centred approach. It identifies the contrasting relationship between adoption difficulties and person-centred skills/qualities as well as demonstrating the significance of the core conditions and their powerful impact upon those who lack experience with them with.

The research also presents implications for trainers and the need for greater understanding of the potential unique challenges in adoptees' process and embracing the full and diverse experiences of their trainees. For example, for a trainee who was adopted as a baby, person-centred training might be the first place where they are able

and encouraged to explore their adoption. This could present the possibility of many painful and new realisations including disenfranchised loss and grief. In addition, the research highlights potential opportunities during training for the direct exploration of adoption within the context of human growth and development theories, as well as experiential exercises. Consequently, this also places an emphasis on the vital need for the self-care of trainees who were adopted as a baby.

There are also implications in counselling for adoptive families where more understanding of the adopted child, who may feel voiceless, could be appreciated. Counsellors who understand the 'lived experience' of these children may be in a better position to facilitate open communication within families and strengthen relationships. There is also the potential for training opportunities offered by counsellors with these dual experiences (being both adopted as a baby *and* a person-centred counsellor) to share their personal development experiences with others in the field.

In addition, this research suggests that *all* adoptees, no matter their age, would benefit from being able to access the Adoption Support Fund, and this research suggests that it may be especially needed if their adoption happened when they were a baby.

In conclusion, this research conveys the significance of the person-centred approach, communicating its continued relevance and importance in the field of counselling and psychotherapy.

The small-scale nature of this research presented rigid limitations. It was difficult to balance the richness and complexity of the data with the pragmatism required for a concise study.

This study has been a privilege to undertake. The honesty and openness of the participants has been invaluable and provided insight into the lived experiences of the *invisible adoptees* who walk among us.

There is considerable scope for further exploration into the issues highlighted by this research. As an original area of study, the focus of this small-scale study is worthy of extension and development.

'What we have to offer is not a technique, not a theory, but who we are'. (Kramer, 2000, p. 24)

## ACKNOWLEDGEMENTS

I would sincerely like to thank Dr Rita Mintz for all her support in the supervision of this research project and participants who shared their stories so honestly. I hope I have honoured their experience and their voices have been heard.

## ORCID

Charlotte Hannah Parkes  <https://orcid.org/0000-0002-8578-0768>

## REFERENCES

- Adoption and Children Act, (2002). Retrieved from <http://www.legislation.gov.uk/ukpga/2002/38/contents>
- Adoption of Children Act, (1926). Retrieved from <https://www.legislation.gov.uk/ukpga/Geo5/16-17/29/resources>



- Adoption Support Fund (2019). Gov. UK. Retrieved from <https://www.gov.uk/guidance/adoption-support-fund-asf>
- Argent, H. (1987). Progress in open adoption. *Adoption & Fostering*, 11(2), 22–24. <https://doi.org/10.1177/030857598701100208>
- Barn, R., & Mansuri, N. (2019). "I always wanted to look at another human and say I can see that human in me": Understanding genealogical bewilderment in the context of racialised intercountry adoptees. *Genealogy*, 3(4), 71. <https://doi.org/10.3390/genealogy3040071>
- Baxter, K. (2020). *A phenomenological enquiry into trainee counsellors' experience of personal change resulting from the exploration of their childhood*. Masters dissertation University of Chester.
- Baynes, P. (2008). Untold stories: A discussion of life story work. *Adoption & Fostering*, 32(2), 43–49. <https://doi.org/10.1177/030857590803200206>
- Bowlby, J. (1982). *Attachment and loss*, Attachment (Vol. 1). Basic Books.
- Bright, G., & Harrison, G. (2013). *Understanding research in counselling*. Sage.
- Brodzinsky, D. M. (1990). A stress coping model of adoption adjustment. In D. M. Brodzinsky, & M. D. Schechter (Eds.), *The psychology of adoption* (pp. 3–24). Oxford University Press.
- Brodzinsky, D. (2006). Family structural openness and communication openness as predictors in the adjustment of adopted children. *Adoption Quarterly*, 9(4), 1–18. [https://doi.org/10.1300/J145v09n04\\_01](https://doi.org/10.1300/J145v09n04_01)
- Brodzinsky, D. M., Smith, D. W., & Brodzinsky, A. B. (1998). *Children's adjustment to adoption: Developmental and Clinical Issues*. Sage.
- Brown, L. (2000). *The role of perceived similarity to parents in adopted children's adjustments*. Rutgers University Press.
- Caballero, C., Edwards, R., Goodyear, A., & Okitkpi, T. (2012). The diversity and complexity of the everyday lives of mixed racial and ethnic families: Implications for adoption and fostering practice and policy. *Adoption & Fostering*, 36(3), 9–24. <https://doi.org/10.1177/030857591203600303>
- Carmichael, J. M. (2013). *Challenges in counselling research*. Hodder.
- Chamberlain, D. (1988). *Babies remember birth*. Ballantine Books.
- Christ, G. H., & Christ, A. E. (2006). Current approaches to helping children cope with a parent's terminal illness. CA: *A Cancer Journal for Clinicians*, 56, 197–212. <https://doi.org/10.3322/canjclin.56.4.197>
- Cole, E. S., & Donley, K. S. (1990). History, values, and placement: Policy issues in adoption. In D. K. Brodzinsky, & M. D. Schechter (Eds.), *The psychology of adoption* (pp. 273–294). Oxford University Press.
- Collins, K. (2008). *A qualitative exploration of the impact of personal development in counsellor training on student counsellor's significant relationships*. Masters dissertation. University of Chester.
- Dallos, R., & Vetere, A. (2005). *Researching psychotherapy and counselling*. Open University Press.
- Darnell, F. J., Johansen, A. B., Tavakoli, S., & Brugnone, N. (2017). Adoption and identity experiences among adult transnational adoptees: A qualitative study. *Adoption Quarterly*, 20(2), 155–166. <https://doi.org/10.1080/10926755.2016.1217574>
- Dennis, L. (2014). *Adoption therapy: Perspectives from clients and clinicians on processing and healing post-adoption issues*. Entourage Publishing.
- Doka, K. J. (2002). *Disenfranchised grief: New directions, challenges and strategies for practice*. Research Press.
- Erikson, E. H. (1968). *Identity youth and crisis*. W. W. Norton.
- Fahlberg, V. (2012). *A child's journey through placement*. Jessica Kingsley Publishers.
- Feigelman, W. (2001). Comparing adolescents in diverging family structures: Investigating whether adoptees are more prone to problems than their non-adopted peers. *Adoption Quarterly*, 5(2), 5–37. [https://doi.org/10.1300/J145v05n02\\_02](https://doi.org/10.1300/J145v05n02_02)
- Flick, U. (2010). *An Introduction to qualitative research* (4th ed.). Sage.
- Folkes-Skinner, J. (2011). *A mixed methods study of how trainee counsellors change*. Doctoral thesis. University of Leicester.
- Folkes-Skinner, J., Elliott, R., & Wheeler, S. (2010). A baptism of fire: A qualitative investigation of a trainee counsellor's experience at the start of training. *Counselling & Psychotherapy Research*, 10(2), 83–92.
- Freud, A. (1973). Annual report, January 1942. In *The writings of Anna Freud* (Vol. 3). International Universities Press.
- Freud, S. (1959). Family romances. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychoanalytical works of Sigmund Freud*, (Vol. 9, pp. 237–241). Hogarth Press. Original work published in 1909.
- Gergen, K. (1999). *An invitation to social constructionism*. Sage.
- Gillon, E. (2007). *Person-centred counselling psychology: An introduction*. Sage.
- Godward, J., Cole, H., & Smith, C. (2020). *Personal development groups for trainee counsellors: An essential companion*. Routledge.
- Golding, K. (2008). *Nurturing attachments: Supporting children who are adopted or fostered*. Jessica Kingsley Publishers.
- Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin*, 126(1), 748–769. <https://doi.org/10.1037/0033-2909.126.5.748>
- Harding Davies, V., Alred, G., Hunt, K., & Davies, G. (2004). *Experiences of training: Challenge, surprise and change*. Palgrave Macmillan.
- Harrigan, M. (2010). Exploring the narrative process: An analysis of the adoption stories mothers tell their internationally adopted children. *Journal of Family Communication*, 10(1), 24–39. <https://doi.org/10.1080/15267430903385875>
- Hawkins, A., Beckett, C., Castle, J., Groothues, C., Sonuga-Barke, E., Colvert, E., & Rutter, M. (2007). The experience of adoption: A study of intercountry and domestic adoption from the child's point of view. *Adoption & Fostering*, 31(4), 5–16.
- Henze-Penderson, S. (2019). Known and unknown identities: Openness and identity as experienced by adult adoptees. *Adoption Quarterly*, 22(2), 135–156. <https://doi.org/10.1080/10926755.2019.1625834>
- Hindle, D., & Schulman, G. (2008). *The emotional experience of adoption*. Routledge.
- Hodges, J., Berger, M., Melzak, S., Oldeschulte, R., Rabb, S., & Salo, F. (1984). Two crucial questions: Adopted children in psychoanalytic treatment. *Journal of Child Psychotherapy*, 10(1), 47–56. <https://doi.org/10.1080/00754178408254742>
- Horvath, A. O., Del-Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48, 9–16. <https://doi.org/10.1037/a0022186>
- Howe, D. (1998). 'Adopters' Relationship with their Adopted Children from Adolescence to Early Adulthood. In M. Hill, & M. Shaw (Eds.), *Signposts in Adoption Policy, Practice and Research Issues* (pp. 124–140). London, UK: BAAF.
- Hughes, D. A., Golding, K. S., & Hudson, J. (2019). *Healing relational trauma with attachment-focused interventions: Dyadic developmental psychotherapy with children and families*. Norton.
- Jay, N. (2017). The complexity of the life story practitioner's role. In R. Rose (Ed.), *Innovative therapeutic life story work* (pp. 92–102). Jessica Kingsley Publishers.
- Johns, H. (2012). *Personal Development in Counsellor Training*, 2nd ed. London, UK: Sage.
- Jung, C. (1951). Fundamental questions of psychotherapy. In H. Read, M. Fordhm, G. Adler, & W. McGuire (Eds), *The collected works of C. G. Jung*. Princeton University Press.
- Kernis, M. H., & Goldman, B. M. (2006). A multicomponent conceptualization of authenticity: Theory and research. *Advances in Experimental Social*, 38, 283–357.
- Kowal, K. A., & Schilling, K. M. (1985). Adoption through the eyes of adult adoptees. *American Journal of Orthopsychiatry*, 55(3), 354–362. <https://doi.org/10.1111/j.1939-0025.1985.tb03450.x>
- Kramer, C. H. (2000). *Therapeutic mastery: Becoming a more creative and effective psychotherapist*. Zeig, Tucker & Co.
- Krueger, M. J. J., & Hanna, F. J. (1997). Why adoptees search: An existential treatment perspective. *Journal of Counselling & Development*, 75(3), 195–202. <https://doi.org/10.1002/j.1556-6676.1997.tb02333.x>
- Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis. In A. Thompson, & D. Harper (Eds.), *Qualitative research*



- methods in mental health and psychotherapy: a guide for students and practitioners (pp. 99–116). John Wiley & Sons. <https://doi.org/10.1002/9781119973249>
- Law Commission of New Zealand (2000). *Adoption and its alternatives: A different approach and new framework, Report 65*. Law Commission.
- Lennie, C. (2007). The role of personal development groups in counsellor training: Understanding factors contributing to self-awareness in the personal development group. *British Journal of Guidance and Counselling*, 35(11), 115–129. <https://doi.org/10.1080/03069880601106849>
- Levy-Shiff, R. (2001). Psychological adjustment of adoptees in adulthood: Family environment and adoption-related correlates. *International Journal of Behavioural Development*, 25(2), 97–104. <https://doi.org/10.1080/01650250042000131>
- Lifton, B. J. (1994). *Journey of the adopted self: A quest for wholeness*. Basic Books.
- Locke, J. (1690). *An Essay concerning human understanding*. Thomas Basset.
- Lowe, N., Murch, M., Borkowski, M., Weaver, A., Beckford, V., & Thomas, C. (1999). *Supporting adoption: Reframing the approach*. British Agencies for Adoption and Fostering.
- Luu, B., Rosnay, M., Conley-Wright, A., & Tregeagle, S. (2018). Identity formation in children and young people in open adoptions from out-of-home care in New South Wales, Australia. *Adoption Quarterly*, 21(2), 120–139. <https://doi.org/10.1080/10926755.2018.1468371>
- MacDonald, M., & McSherry, D. (2011). Open adoption: Adoptive parents' experiences of birth family contact and talking to their child about adoption. *Adoption & Fostering*, 35(3), 4–16. <https://doi.org/10.1177/030857591103500302>
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy* (2nd ed.). Sage.
- McLeod, J., & McLeod, J. (2014). *Personal and professional development for counsellors, psychotherapists and mental health practitioners*. OUP.
- McQuaid, C. (2014). *What you really need to know about counselling and psychotherapy training. An essential guide*. Routledge.
- Mearns, D. (1997). *Person-Centred counselling training*. Sage.
- Mearns, D., & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy*. Sage.
- Mearns, D., & Cooper, M. (2018). *Working at relational depth in counselling and psychotherapy* (2nd ed.). Sage.
- Mearns, D., & Thorne, B. (2013). *Person-centred counselling in action*, (4th ed.). Sage.
- Merry, T. (2014). *Learning and being in person-centred counselling* (2nd ed.). PCCS Books.
- Meulen, G., Smeets, D., & Juffer, F. (2019). The relation between adult adoptees' feelings about relinquishment, adoption and satisfaction with life. *Adoption & Fostering*, 43(2), 192–209. <https://doi.org/10.1177/0308575919841754>
- Miller-Havens, S. (1996). Grief and the birth origin fantasies of adopted women. In D. Klass, P. R. Silverman, & S. L. Nickman (Eds.), *Continuing bonds: New understandings of grief* (pp. 273–294). Taylor & Francis.
- Mitchels, B. (2018). *Ethical guidelines for research in the counselling professions*. BACP.
- Moller, N. P., & Rance, N. (2013). The good the bad and the uncertainty: Trainees' perceptions of the personal development group. *Counselling and Psychotherapy Research*, 13(4), 282–289. <https://doi.org/10.1080/14733145.2012.754482>
- Morgan, L. (2017). Prevention starts with awareness: Adoptive adolescents at high risk for suicidal behavior. *NASN School Nurse*, 32(5), 302–309. <https://doi.org/10.1177/1942602X16672063>
- Neil, E. (2003). Understanding other people's perspectives. *Adoption Quarterly*, 6(3), 3–30. [https://doi.org/10.1300/J145v06n03\\_02](https://doi.org/10.1300/J145v06n03_02)
- Ngigi, T. W., & Bosco, S. (2020). *Trauma and adoption*. Amazon.
- Nickman, S. (1985a). *The adoption experience*. Julian Messner.
- Nickman, S. (1985b). Losses in adoption. *Psychoanalytic Study of the Child*, 40, 365–398. <https://doi.org/10.1080/00797308.1985.11823039>
- Norcross, J., & Farber, B. (2005). Choosing psychotherapy as a career: Beyond 'I want to help people'. *Journal of Clinical Psychology*, 61(8), 939–943. <https://doi.org/10.1002/jclp.20175>
- O'Reilly, M., Bowlay-Williams, J., Svirydenka, N., & Vostanis, P. (2016). A qualitative exploration of how adopted children and their parents conceptualise mental health difficulties. *Adoption & Fostering*, 40(1), 60–76. <https://doi.org/10.1177/0308575915626383>
- Phillips, Z. H. (2008). *Mother me*. BAAF.
- Pieterse, A. L., Lee, M., Ritmeester, A., & Collins, N. M. (2013). Towards a model of self-awareness development for counselling and psychotherapy training. *Counselling Psychology Quarterly*, 26(2), 190–207. <https://doi.org/10.1080/09515070.2013.793451>
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, 20(1), 7–14.
- Raymond, L. (1955). *Adoption and after*. Harper and Row.
- Robertson, B. (2001). Drawing a blank: Art therapy for adolescent adoptees. *American Journal of Art Therapy*, 39(3), 74–79.
- Robinson, S. (2017). Child welfare social workers and open adoption myths. *Adoption Quarterly*, 20(2), 167–180. <https://doi.org/10.1080/10926755.2017.1289489>
- Robson, M., & Robson, J. (2008). Evaluation of participants experience of a personal development group held as part of a counselling psychology training group. Is it safe here? *Counselling Psychology Quarterly*, 21(4), 371–382.
- Rogers, C. R. (1951). *Client-Centered Therapy: Its current practice, implications, and theory*. Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95–103. <https://doi.org/10.1037/h0045357>
- Rosenberg, E. (1992). *The Adoption Life Cycle: The Children and their Families throughout the Years*. New York, NY: Free Press.
- Rosenberg, E. B., & Horner, T. M. (1991). Birthparent romances and identity formation in adopted children. *American Journal of Orthopsychiatry*, 61(1), 70–77. <https://doi.org/10.1037/h0079220>
- Roszia, S. K., & Maxon, A. D. (2019). *Seven core issues in adoption and permanency: A comprehensive guide to promoting understanding and healing in adoption, foster care, kinship families and third party reproduction*. Jessica Kingsley Publishers.
- Rushton, A., Grant, M., Simmonds, J., & Feast, J. (2012). Assessing community connectedness and self-regard in a mid-life follow-up of British Chinese adoptions. *Adoption & Fostering*, 38(4), 374–385.
- Ryan, T., & Walker, R. (2016). *Life story work: Why, what, how and when*. CoramBAAF.
- Schachter, S. R., & Schachter, J. A. (2011). Adoption: A life begun with loss. In D. Harris (Ed.), *Counting our losses: Reflecting on change, loss and transition in everyday life*. Routledge.
- Schofield, G., & Beek, M. (2006). *Attachment handbook for foster care and adoption*. BAAF.
- Schooler, J. (1995). *Searching for a past: The adopted adult's unique process of finding identity*. Pinon Press.
- Smith, C. (2020). Experience of personal development groups: A research base. In J. Godwood, H. Dale, & C. Smith (2020). *Personal development groups for trainee counsellors: An essential companion*. Routledge.
- Smith, C., & Logan, J. (2004). *After adoption*. Routledge.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.
- Smith, J. A., & Osborn, M. (2008). *Qualitative psychology: A practical guide to research methods* (2nd ed.). Sage.
- Sokoloff, B. (1993). Antecedents of American adoption. *The Future of Children*, 3(1), 17–25. <https://doi.org/10.2307/1602399>
- Sorosky, A., Baran, S., & Pannor, R. (1984). *The adoption triangle*. Doubleday.

- Stevens, F. L. (2017). Authenticity: A mediator in the relationship between attachment style and affective functioning. *Counselling Psychology Quarterly*, 30(4), 392–414. <https://doi.org/10.1080/09515070.2016.1176010>
- Sykes, M. R. (2001). Adoption with contact: A study of adoptive parents and the impact of continuing contact with families of origin. *Journal of Family Therapy*, 23(3), 296–316. <https://doi.org/10.1111/1467-6427.00185>
- Tieman, W., Van der Ende, J., & Verhulst, F. C. (2005). Psychiatric disorders in young adult intercountry adoptees: An epidemiological study. *American Journal of Psychiatry*, 162(3), 592–598. <https://doi.org/10.1176/appi.ajp.162.3.592>
- Tolan, J. (2012). *Skills in person-centred counselling and psychotherapy* (2nd ed.). Sage.
- Treacher, A., & Katz, I. (2000). *The dynamics of adoption: Social and personal perspectives*. Jessica Kingsley Publishers.
- Treull, R. (2001). The stresses of learning counselling: Six graduates comment on the experience of learning counselling and what can be done to reduce associated harm. *Counselling Psychology Quarterly*, 14, 67–89.
- University of Chester Research Governance Handbook. (2014). Retrieved from [https://portal.chester.ac.uk/education/Documents/Research%20Governance%20Handbook%202\\_8.pdf](https://portal.chester.ac.uk/education/Documents/Research%20Governance%20Handbook%202_8.pdf)
- Verny, T., & Kelly, J. (1982). *The secret life of the unborn child*. Sphere Books.
- Verrier, N. N. (2003). *Coming home to self*. Gateway Press.
- Verrier, N. N. (2012). *The primal wound*. BAAF.
- Wellisch, E. (1952). Dreamy states in children with apparent recession and approach of objects. *British Journal of Medical Psychology*, 25, 135–147. <https://doi.org/10.1111/j.2044-8341.1952.tb00796.x>
- Willis, R., & Holland, S. (2009). Life story work: Reflections on the experience by looked after young people. *Adoption & Fostering*, 33(4), 44–52. <https://doi.org/10.1177/030857590903300406>
- Wohl, M. J. A., Pritchard, E. T., & Kelly, B. (2002). How responsible are people for their employment situation? An application of the triangle model of responsibility. *Canadian Journal of Behavioural Science*, 34(3), 201–209. <https://doi.org/10.1037/h0087172>
- Wolynn, M. (2017). *It didn't start with you*. Penguin Books.
- Wood, J. K. (1996). The Person-Centered approach: Towards an understanding of its implications. In R. Hutterer, G. Pawlowsky, P. F. Schmid, & R. Stipsits (Eds.), *Client-centred and experiential psychotherapy: A paradigm in motion*. Frankfurt-am-Main.

## AUTHOR BIOGRAPHIES

**Charlotte Hannah Parkes, MA**, is a person-centred counsellor, psychotherapist and supervisor working with children, young people and adults in the third sector, private practice and in a university counselling service. She is also a PhD research student in the Department of Social and Political Science at the University of Chester.

**Rita Mintz** is an emeritus professor in the Department of Social and Political Science at the University of Chester. She has recently retired from her position of senior lecturer in counselling where she was formerly the programme leader for the MA in Counselling Studies and one of the core tutors on the MA in Clinical Counselling. She was also previously a chair of the Department's Research Ethics Committee.

**How to cite this article:** Parkes CH, Mintz R. Finding my voice: A qualitative exploration into the perceived impact of person-centred counsellor training upon counsellors who were adopted as a baby. *Couns Psychother Res*. 2021;00:1–16. <https://doi.org/10.1002/capr.12412>